

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-3341		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE																			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 2/22/14 SAT				TIME: MILITARY 2110															
CRASH OCCURRED ON Lebanon HS														WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION ____ MILES ____ FEET W N E S OF														(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE									
LOC JUR FH9 FILT																											
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Nationwide															
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Tucker, Noah Michael														ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1100 Armitage Lebanon OH 45036													
PHONE NO. 513-473-4621		BIRTH DATE m 11 y 1981		AGE 16		SEX M		SOCIAL SECURITY NO.				STATE OH		DRIVER'S LICENSE NO. VE911502		OCCUPATION Student											
OWNER (IF SAME AS DRIVER, WRITE SAME) Tucker Sean M														ADDRESS Same										PHONE Same			
VEH YR 2008		MAKE Ford		MODEL Truck		COLOR White		STYLE		STATE OH		LICENSE PLATE NO. ENR3000		TOWING SERVICE		VEH/PED DIR FROM TO											
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																	
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT Erie Insurance															
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Norris Jessica Faith														ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 224 Cincinnati Ave Lebanon OH 45036													
PHONE NO. 513-392-1041		BIRTH DATE m 10 y 1995		AGE 18		SEX F		SOCIAL SECURITY NO.				STATE OH		DRIVER'S LICENSE NO. TY431732		OCCUPATION Student											
OWNER (IF SAME AS DRIVER, WRITE SAME) Norris Scott														ADDRESS Same										PHONE Same			
VEH YR 99		MAKE VW		MODEL Bug		COLOR Turquoise		STYLE		STATE OH		LICENSE PLATE NO. FR08581		TOWING SERVICE		VEH/PED DIR FROM TO											
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   D   y		AGE		POSITION A   B   C   D   E   F				INJURIES A   B   C   D   E   F													
		ADDRESS Same				PHONE		SEX																			
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   D   y		AGE		POSITION A   B   C   D   E   F				INJURIES A   B   C   D   E   F													
		ADDRESS				PHONE		SEX																			
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   D   y		AGE		POSITION A   B   C   D   E   F				INJURIES A   B   C   D   E   F													
		ADDRESS				PHONE		SEX																			
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m   D   y		AGE		POSITION A   B   C   D   E   F				INJURIES A   B   C   D   E   F													
		ADDRESS				PHONE		SEX																			
A B C		INJURED TAKEN TO				By				A B C D E F				ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED TESTED													
D E F		INJURED TAKEN TO				By				A B C D E F				1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN													
A B C		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED				EJECTION A B C D E F													
O B C		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				DRUGS A TESTED O TESTED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
RECEIVED CALL 2110		DISPATCHED 2110		ARRIVED 2110		CLEARED 2130		OTHER TIME 15		TOTAL MINUTES 35		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG															
DATE REPORT FILED 2/22/14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Fry		BADGE NO. 119		CHECKED BY																			